

**TDH
BUREAU OF EMERGENCY MANAGEMENT
TRAUMA FACILITY DESIGNATION
ONE-PAGE APPLICATION**

Hospital Name: _____

Address: _____

County: _____ TSA: _____

Contact Person: _____

Title/Position: _____

Phone number(s): _____

Fax Number: _____

Number of licensed beds (based on most recent licensing survey): _____

TDH License Number: _____

Amount enclosed \$ _____

(Make payable to: "Texas Department of Health")

Typed name of Chief Executive Officer or authorized person

Signature: _____ Date: _____

Chief Executive Officer or authorized person

Title: _____ Phone: _____

Note: Currently, designation fees per licensed bed are as follows:

Comprehensive (Level I) Facility Applicants	\$3.00 (upper limit \$3,000 and lower limit \$100)
Major (Level II) Facility Applicants	\$3.00 (upper limit \$3,000 and lower limit \$100)
General (Level III) Trauma Facility Apps.	\$2.00 (upper limit \$2,000 and lower limit \$100)
Basic (Level IV) Trauma Facility Applicants	\$1.00 (upper limit \$1000 and lower limit \$100)